

Work/Volunteer Experience Summary

TO BE COMPLETED BY YOUR SUPERVISOR

The person named below is completing an application to be certified as a Family Support Partner with the Idaho Division of Behavioral Health. In order to complete this process, his/her immediate supervisor must complete the following form regarding the applicant's employment, work responsibilities and supervisory plan. **Once the form is complete and after supervised hours are completed**, submit it to: Division of Behavioral Health 450 W. State St. 3rd fl. Boise, ID 83702
ATTN: Peer/Family Certification Oversight Committee

Prospective Certified Family Support Partner:

(Please Print Name)

Does the applicant named above serve in a paid or volunteer role as a Family Support Partner?

Paid _____ Volunteer _____

Title of Applicant's position in the agency _____

Dates of Employment/Volunteer:

Number of hours assigned to work in this position per week: _____

A Certified Family Support Partner must be under the supervision of a degreed professional in the human services field.

Please provide your information as supervisor of the applicant.

Name: _____ Phone: () _____

Title: _____ Credentials: _____

Agency: _____

Address: _____

City: _____ Zip Code: _____

Please describe the nature of the applicant's work responsibilities in the agency as a Family Support Partner.

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Please describe the content of your direct one-on-one supervision.

Please describe the professional development plan for this individual within this agency. If no formal plan, what has this individual identified as goals in this position?

An applicant with a High School Diploma or GED must complete 200 hours of supervised work as a Family Support Partner and 20 hours of one to one supervision with supervisor for certification. An applicant with a Bachelor's degree or more must complete 100 hours of supervised work and 20 hours of one to one supervision for certification.

Number of hours of supervision per week _____

Total number of supervision hours _____

Number of hours completed in this position as a Family Support Partner _____

Supervision start date _____ Supervision end date _____

My signature below affirms that all of the information contained in this document is true, and I support this application.

Signature of Supervisor

Date

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